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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L41176

(3)

J.E.A. ENTERPRISES, INC.

FILED Feb 06 1997 8:00am Secretary of State

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| Principal Place   | e of Business   |  | Mailing .   | Address                                  | ***************************************  |  | 1 18911   | REG MET BINDE GENER GENER GRAND BRAND A            | izet Alfan Anabi a                    | INI KARI DINI          | #2011 10 pt                  |
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| NEON ROSE FLORIST<br>6060 SW 18TH ST. #108<br>BOCA RATON FL 33433<br>US   |   | 6060 SW  | NEON ROSE FLORIST<br>6060 SW 18TH ST #106<br>BOCA RATON FL 33433-5646<br>US |  |  |  |   |  |                                       |                        |                              |
|   |   |  |   |  |  |  | 3. Date Incorporated or Qualified 3a. Date of Last Report 01/09/1990 05/01/1996 |  |                                       |                        |                              |
| 2. Principal Pl   | ace of Business   |  | 2a, Maili   | ing Address                              |  |  | 4, FEI Nu   |  | _ = -                                 |                        | plied For                    |
| 21  |   |  | 26  |  |  |  | 65-0  | 0178176  |                                       | No                     | t Applicable                 |
| Suite Apt. (  | #, etc.   |  | Suite<br>27   | e, Apt. #, etc.                          |  |  | 5, Certific   | cate of Status Desired                             |                                       | \$8.75 Fee Re          | Additional<br>equired        |
| City & State  |   |  |   | & State                                  |  | <del></del>  | 6 Flectio   | n Campaign Financing                               |                                       | \$5.00                 | May Ro                       |
| 23  |   |  | 28  |  |  |  |   | Fund Contribution                                  |                                       | Added                  |                              |
| Zip   |   | Country  | Zip   |  | Cou  | ntry   | g. This co  | orporation has liability fo                        | r intagglble                          | tax under s            | 199.032,                     |
| 24  | 25  |  | 29  |  | 30   |  | Florida   | Statutes   | Yes [                                 | ] No                   |                              |
|   | g, Name and   | Address of Curr  | ent Registered  | Agent                                    |  |  | 10. Name  | and Address of New F                               | Registered .                          | Agent                  |                              |
| MUF   | RPHY, JOHN F  | ).   |   |  |  | 81 Name  |   |  |                                       |                        |                              |
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|   | LYWOOD FL   |  |   |  |  |  |   | Number is Not Accept                               | able)                                 |                        |                              |
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|   | to trie provisions  | or both in the St  | ate of Florida. Su  | ue, riolida stat<br>uch change was       | uies, me ai<br>s authorize   | by the corp  | corporation subm  | its this statement for the directors. I hereby acc | ept the app                           | ointment as            | registered                   |
| office or re  | egisterea agerit  |  |   |  |  |  |   | •  |                                       |                        | -                            |
| office or re  |   | and accept the ob  | ligations of, Sect  |  | Florida Stat   | utes.  |   |  |                                       |                        |                              |
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information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that arm an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on ah a fachment with an address.

SIGNATURE:

ATURE THE TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

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